



Fiona Chapman, Director  
Business Licensing and Regulatory  
Services

Municipal Licensing and Standards  
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Municipal Licensing and Standards

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## SECURITY GUARD LICENSING DECLARATION

Date: \_\_\_\_\_ Application Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Application Address: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that all security guards  
(Print Full Name)

are required to be licensed under Provincial Legislation. I will adhere to this requirement as per the Ontario Private Security and Investigative Service Act, 2005, for the operations of my Entertainment Establishment/Nightclub.

Signature of Applicant: \_\_\_\_\_